



# FAX COVER SHEET

E.A.G.L.E. ACADEMY  
423 S. COLORADO RD.  
GOLDEN VALLEY, AZ. 86413  
PHONE: (928) 565-3400  
FAX: (928) 565-3454

RECEIVED NOV 06 2008

AL  
10:18am

TO: Arizona State Charter Board

ATTENTION: Enrique Duron

FROM: Karry Whitten

DATE: 11.6.08

FAX NUMBER: 602.364.3089

NUMBER OF PAGES INCLUDING COVER: 3

COMMENTS:

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ARIZONA DEPARTMENT OF PUBLIC SAFETY  
APPLICATION FOR A FINGERPRINT CLEARANCE  
CARD

APPLICATION NUMBER



USING IDENTITY VERIFIED PRINTS

\*IVP0046058\*

(602) 223-2279 P.O. Box 18390, Phoenix, AZ, 85005-8390

Instructions: Type or print all information in black ink. All fields marked with a ★ are required. You must submit the original application; reproductions will not be accepted or processed. If you have any questions about this form please call us: (602) 223-2279.

Why are you applying for a Fingerprint Clearance Card using Identity Verified Prints? ★

☐ Department of Education  
Certification (A.R.S. § 15-106)

For DPS Use Only

☒ Charter School Teacher  
(A.R.S. § 15-106)

Please note: If none of the choices above apply to you, or you're not sure which box to check, please call the Department of Education at (602) 542-4367, or your school for assistance.

Charter School Teachers Only: Provide your school's information here:

Print School's Name ★

E.A.G.L.E

School's Phone Number, including Area Code ★

928 565 3400

Print School's Complete Mailing Address ★

423 S. Colorado Rd. Golden Valley AZ 86413

City ★

State ★

Zip Code ★

Please provide the following: ★

Print Your Full Legal Name ★ (Last, First, Middle)

Malara Elena Lea

Social Security Number

★ Phone Number w/ Area Code

★ Date of Birth

M F Y

Race ★

W

★ Sex

☒ Female ☐ Male

Height ★

5'2"

Weight ★

130

Eye Color ★

grn

Hair Color ★

brn

Place of Birth ★

SA

Print Your Complete Mailing Address ★

City ★

State ★

Zip Code ★

Your Signature ★ (I authorize custodians of records to release information to the Arizona Department of Public Safety for the purpose of processing my application for a Fingerprint Clearance Card.)

X Elena R Malara

Date ★

11/5/08

Provide one of the following fees in the form of a money order, cashier's check, or a school's business check made payable to "DPS."

☒ Department of Education Certification or Paid Teacher: \$51.00

☐ Volunteer: \$47.00

☒ No cash.

No personal checks.

If you are aware the enclosed payment exceeds the amount due, and the overpayment is less than \$10.00, signing this application indicates your agreement to have the excess funds donated to the State General Fund. If this application is not signed it will be returned to you. Fees are subject to change and are not refundable per A.R.S. § 41-1750 and § 41-1758.

Have you ever been issued a Fingerprint Clearance Card with an IVP number on it? ★

Yes ↓

No ↓

If you were issued a Fingerprint Clearance Card with an IVP Number on it, we should have your Identity Verified Prints on file.



You must write the IVP Number from the bottom of your current or expired Fingerprint Clearance Card (not the number at the top of this form) in the box below to help us retrieve your prints:

IVP

Your IVP Number ★

If your Fingerprint Clearance Card does not have an IVP Number on it, you must follow the instructions in the box on the right. →

If you do not know your IVP number please contact us at (602) 223-2279 for assistance.

You are not required to submit a new set of fingerprints with this application.



Mail this application and the fee outlined above to the Applicant Clearance Card Team in the provided envelope.

If you were never issued a Fingerprint Clearance Card with an IVP Number on it you must submit Identity Verified Fingerprints with this application.

You can only be printed by a law enforcement agency (DPS does not provide this service), school district, charter school, or an entity that has a contract with a school to take Identity Verified Prints.

You must present the following when your Identity Verified Prints are taken:

- ☐ This completed application.
- ☐ Photographic Identification
- ☐ Unless your school is providing payment, you must provide the fee for this application (see above).
- ☐ The included postage paid return envelope.
- ☐ The included blank fingerprint card.
- There may be an additional fee to have your Identity Verified Prints taken.

Attention Fingerprint Technician:

Per A.R.S. § 15-106, you are required to complete this section. Applicant: do not fill out this section.

- ☐ Ensure the applicant provides everything on the list above.
- ☐ Compare the demographics on the photo ID presented and this application to verify they match.
- ☐ If using a livenesscan with the ability to print demographic information on the fingerprint card, do so. Otherwise, have the applicant fill out all demographics on the fingerprint card.
- ☐ Print the following information:

Print Name of Fingerprint Technician ★

Stedrae Lorraine

Print Fingerprint Tech's Agency or Company Name ★

Mohave County Sheriff

Type of Photo ID Provided (If "Other," please specify) ★

☒ Driver's License / MVD Issued ID ☐ Passport ☐ Other:

Date ★

11-5-08

- ☐ Give the yellow and pink copies of this application back to the applicant.
- ☐ Seal the white copy, the fingerprint card, and payment in the provided envelope and mail to DPS.
- A chain of custody must be maintained: do not give any other materials back to the applicant for any reason once their prints have been taken.



**ARIZONA DEPARTMENT OF PUBLIC SAFETY  
APPLICATION FOR A FINGERPRINT CLEARANCE  
CARD**

APPLICATION NUMBER



**USING IDENTITY VERIFIED PRINTS** \*IVP0046065\*

(602) 223-2279 P.O. Box 18390, Phoenix, AZ, 85005-8390

**Instructions:** Type or print all information in black ink. All fields marked with a \* are required. You must submit the original application; reproductions will not be accepted or processed. If you have any questions about this form please call us: (602) 223-2279.

**Why are you applying for a Fingerprint Clearance Card using Identity Verified Prints? \***

<input checked="" type="checkbox"/> <b>Department of Education Certification (A.R.S. § 15-106)</b>	<b>For DPS Use Only</b>	<input type="checkbox"/> <b>Charter School Teacher (A.R.S. § 15-106)</b>
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Please note: If none of the choices above apply to you, or you're not sure which box to check, please call the Department of Education at (602) 542-4367, or your school for assistance.

**Charter School Teachers Only; Provide your school's information here:**

<b>Print School's Name *</b> E.A.G.L.E. Academy	<b>School's Phone Number, Including Area Code *</b> 928-505-3400
<b>Print School's Complete Mailing Address *</b> 423 S. Colorado Rd	<b>City *</b> Golden Valley <b>State *</b> AZ <b>Zip Code *</b> 86043

**Please provide the following: \***

<b>Print Your Full Legal Name * (Last, First, Middle)</b> Borden, Cheryl, Lynn			<b>Social Security Number</b>		<b>*Phone Number w/ Area Code</b>	
<b>*Date of Birth</b> 11/5/08	<b>Race *</b> W	<b>*Sex</b> <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male	<b>Height *</b> 5'3"	<b>Weight *</b> 104	<b>Eye Color *</b> HAZ	<b>Hair Color *</b> BN
<b>Print Your Complete Mailing Address *</b>			<b>City *</b>	<b>State *</b>	<b>Zip Code *</b>	
<b>Your Signature *</b> (I authorize custodians of records to release information to the Arizona Department of Public Safety for the purpose of processing my application for a Fingerprint Clearance Card.) X Cheryl Borden					<b>Date *</b> 11/5/08	

Provide one of the following fees in the form of a money order, cashier's check, or a school's business check made payable to "DPS."

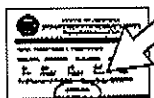
☐ **Department of Education Certification or Paid Teacher: \$51.00** ☐ **Volunteer: \$47.00** ☒ **No cash. No personal checks.**  
If you are aware the enclosed payment exceeds the amount due, and the overpayment is less than \$10.00, signing this application indicates your agreement to have the excess funds donated to the State General Fund. If this application is not signed it will be returned to you. Fees are subject to change and are not refundable per A.R.S. § 41-1750 and § 41-1758.

**Have you ever been issued a Fingerprint Clearance Card with an IVP number on it? \***

**Yes ↓**

**No ↓**

If you were issued a Fingerprint Clearance Card with an IVP Number on it, we should have your Identity Verified Prints on file.



You must write the IVP Number from the bottom of your current or expired Fingerprint Clearance Card (not the number at the top of this form) in the box below to help us retrieve your prints:

the number at the top of this form) in the box below to help us retrieve your prints:

I	V	P							
---	---	---	--	--	--	--	--	--	--

Your IVP Number \*

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If you do not know your IVP number please contact us at (602) 223-2279 for assistance.

You are not required to submit a new set of fingerprints with this application.



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- ☐ Photographic Identification
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- ☐ The included postage paid return envelope.
- ☐ The included blank fingerprint card.

**Attention Fingerprint Technician:**

Per A.R.S. § 15-106, you are required to complete this section. Applicant: do not fill out this section.

- ☐ Ensure the applicant provides everything on the list above.
- ☐ Compare the demographics on the photo ID presented and this application to verify they match.
- ☐ If using a livescan with the ability to print demographic information on the fingerprint card, do so. Otherwise, have the applicant fill out all demographics on the fingerprint card.
- ☐ Print the following information:

<b>Print Name of Fingerprint Technician *</b> Stephane Lorraine	<b>Print Fingerprint Tech's Agency or Company Name *</b> Mohave County Sheriff
<b>Type of Photo ID Provided (if "Other," please specify) *</b>	
<input type="checkbox"/> Driver's License / MVD Issued ID <input type="checkbox"/> Passport <input type="checkbox"/> Other:	
<b>Date *</b> 11-5-08	

- ☐ Give the yellow and pink copies of this application back to the applicant.
  - ☐ Seal the white copy, the fingerprint card, and payment in the provided envelope and mail to DPS.
- A chain of custody must be maintained: do not give any other materials back to the applicant for any reason once their prints have been taken.**



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423 S. COLORADO RD.  
GOLDEN VALLEY, AZ. 86413  
PHONE: (928) 565-3400  
FAX: (928) 565-3454

TO: Arizona State Charter Board

ATTENTION: Andrea Leder

FROM: Karry Whitten

DATE: 11.6.08

FAX NUMBER: 602.364.3089

NUMBER OF PAGES INCLUDING COVER: 6

COMMENTS:

The information contained in this facsimile message is intended only for the individual or entity named above and may be attorney privileged and contain confidential information. If the recipient of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to attention of the sender at the above address.

<b>Tracking number</b>	965306590512	<b>Delivered to</b>	Shipping/Receiving	Reduce future mist
<b>Signed for by</b>	R.DUNHUM	<b>Service type</b>	Priority Envelope	
<b>Ship date</b>	Nov 5, 2008			
<b>Delivery date</b>	Nov 6, 2008 9:17 AM			
<b>Status</b>	Delivered			Go to
<b>Signature image available</b>				

<b>Nov 6, 2008</b>	9:17 AM	<b>Delivered</b>	
	8:11 AM	On FedEx vehicle for delivery	PHOENIX, AZ
	7:33 AM	At local FedEx facility	PHOENIX, AZ
	5:23 AM	Departed FedEx location	MEMPHIS, TN
	1:34 AM	Arrived at FedEx location	MEMPHIS, TN
<b>Nov 5, 2008</b>	7:27 PM	At dest sort facility	PHOENIX, AZ
	4:45 PM	Left FedEx origin facility	BULLHEAD CITY, AZ
	1:52 PM	Picked up	BULLHEAD CITY, AZ

[Signature proof](#)
[E-mail results](#)
[Track more shipments/orders](#)

Your name:

Your e-mail address:

E-mail address	Language	Exception updates	Delivery updates
	English		
	English		
	English		
	English		

Select format: [HTML](#) [Text](#) [Wireless](#)

Add personal message:

Not available for Wireless or non-English characters.

FedEx Express  
Customer Support Trace  
3875 Airways Boulevard  
Module H, 4th Floor  
Memphis, TN 38116

U.S. Mail: PO Box 727  
Memphis, TN 38194-4643  
Telephone: 901-369-3600

November 6, 2008


Dear Customer:

The following is the proof-of-delivery for tracking number **865306590512**.

---

**Delivery Information:**

Status:	Delivered	Delivery date:	Nov 6, 2008 09:17
Signed for by:	R.DUNHUM		
Service type:	Priority Envelope		



---

**Shipping Information:**

Tracking number:	865306590512	Ship date:	Nov 5, 2008
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Recipient:  
US

Shipper:  
KIN US

Thank you for choosing FedEx Express.

FedEx Worldwide Customer Service  
1.800.GoFedEx 1.800.463.3339

# FedEx

## US Airbill

Express

Tracking Number **8653 0659 0512**

1 From *From your shipping label*

Date 11/5/88 Sender's FedEx Account Number 928 753-274 SENDER'S FEDEX ACCOUNT NUMBER ONLY

Sender's Name Phoenix City Sheriffs Phone (602) 525 3460

Company EALE Academy

Address 602 W. Basle

City Kingman State AZ ZIP 86413

2 Your Internal Billing Reference OPTIONAL

3 To Recipient's Name Arizona Dept. of Public Safety Address PO Box 18390 City Phoenix State AZ ZIP 85005

Company PPS

Address PO Box 18390 City Phoenix State AZ ZIP 85005

City Phoenix State AZ ZIP 85009

### 4 Express Package Service

☒ FedEx Priority Overnight ☐ FedEx Standard Overnight  
☐ FedEx 2Day ☐ FedEx Express Saver  
☐ FedEx International Priority ☐ FedEx International Economy

### 4b Express Freight Service

☐ FedEx Freight ☐ FedEx Freight ☐ FedEx Freight ☐ FedEx Freight

### 5 Packaging

☒ FedEx ☐ FedEx ☐ FedEx ☐ FedEx

### 6 Special Handling

☐ Fragile ☐ Fragile ☐ Fragile ☐ Fragile

### 8 Residential Delivery Signature Options

☐ No Signature ☐ Direct Signature ☐ Indirect Signature



520

RETAIN THIS COPY FOR YOUR RECORDS.

Arizona State Board for Charter Schools

1700 W. Washington Street, Room 164  
Phoenix, AZ 85007



Phone: (602) 364-3080  
Fax: (602) 364-3089

November 3, 2008  
Ms. Mary Stuart, Charter Holder  
E.A.G.L.E. Academy  
623 S. Colorado Rd.  
Golden Valley, AZ 86413

RE: Notification of first time noncompliance with fingerprinting requirements under A.R.S. § 15-185.1

HAND DELIVERED TO SCHOOL

Dear Ms. Stuart:

On November 4, 2008, staff of the Arizona State Board for Charter Schools ("ASBCS") conducted a site visit to E.A.G.L.E. Academy. During this visit, staff reviewed the school's compliance with fingerprinting requirements as prescribed in A.R.S. § 15-183.C.4 and A.R.S. § 15-512.

The school could not provide valid fingerprint clearance cards in accordance with A.R.S. § 15-183.C.4 for the following:

*Elena Melaro*

The school could not provide evidence of compliance with A.R.S. § 15-183.C.4 or § 15-512, as applicable, for the following personnel:

*Cheryl Borden*

A.R.S. § 15-185.1 grants the State Board of Education ("Board") the authority to impose a civil penalty of \$1,000.00 per occurrence if a charter school fails to comply with the fingerprinting

*"To foster accountability in charter schools, which will improve student achievement through market choice."*



requirements prescribed in A.R.S. § 15-183.C.4 or A.R.S. § 15-512, as applicable. This law took effect on September 19, 2007.

This letter serves as written notice for civil penalty purposes under A.R.S. § 15-185.I of your school's first time failure to comply with statutory fingerprinting requirements. Pursuant to A.R.S. § 15-185.I, your school has 48 hours from the receipt of this notification to provide proof to the ASBCS office that an application for the appropriate fingerprint check as required by either A.R.S. § 15-183.C.4 or A.R.S. § 15-512 has been received by the Arizona Department of Public Safety for each individual listed above and currently employed at your school. At its meeting on November 21, 2008, the Board will determine whether the school has failed to comply with statutory fingerprinting requirements, whether the school's noncompliance with statutory fingerprinting requirements is a first time occurrence, whether the school has demonstrated compliance with the requirements of A.R.S. § 15-185.I within 48 hours of written notification, and whether a civil penalty of \$1,000.00 per occurrence will be imposed. Based on the violations noted above, the civil penalty could be as much as \$ 2000.

Provided with this letter are copies of A.R.S. § 15-185.I (Laws 2007, 1<sup>st</sup> Reg. Sess., ch. 6) and the Policy Statement on Civil Penalties for Fingerprinting Violations.

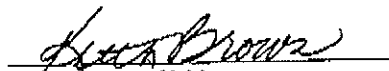
If you have any questions, please contact me at (602) 364-3080.

Sincerely,

  
Keith Brown

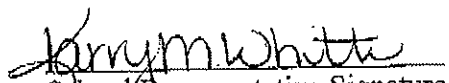
Director for Academic Services  
Arizona State Board for Charter Schools  
1700 W. Washington Street, Room 164  
Phoenix, AZ 85007

The signatures and information below satisfy the requirements of the Board in A.R.S. § 15-185.I, to provide written notification identifying the date of the deadline by which your school must provide proof of compliance with statutory fingerprinting requirements.

  
ASBCS Staff Signature

11-4-2008  
Date

4:00 ED kw  
3:00 a.m. (p.m.)  
Time

  
School Representative Signature

11-4-2008  
Date

4:00 a.m. (p.m.)  
Time

**BASED ON THE DATE AND TIME STATED ABOVE, YOUR 48-HOUR DEADLINE TO PROVIDE PROOF OF COMPLIANCE WITH STATUTORY FINGERPRINTING REQUIREMENTS AS STATED IN A.R.S. § 15-185.I AND TO AVOID CIVIL PENALTIES IS November 6, 2008 BY 3:00 A.M. (P.M.)**

4:00 ED kw